## **DECLARATION**

## AND

## **POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

(Application Serial No.)

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled

	THERAPEUTIC	SLING S	EAT	<del></del>			· · · · · · · · · · · · · · · · · · ·	<del>/</del>		
	the specification of which: (check one)									
		(X)	is attached hereto.							
that the term that the term of the term that		()	was filed on as Application Serial No							
			and was amended on(if applicable)							
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56(a).									
	I hereby claim foreign priority benefits under Title 35. United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before									
	Prior Foreign Application(s):									
7 11 4								PRIORITY <u>CLAIMED</u>		
	(Number)	·	(Country)		(Day/Mor	nth/Year 1	Filed)	Yes	No	
	(Number)		(Country)	<del></del>	(Day/Mor	nth/Year I	Filed)	Yes	No	
	(Number)		(Country)		(Day/Mor	nth/Year I	Filed)	Yes	No	
	I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:									
	60/030,241 (Application Se	erial No	).)	(Filing	ted/pendin	g/		PENDING (Statu		

(Filing Date)
(patented/pending/

abandoned)

(Status)

I hereby appoint Jerrold J. Litzinger, Registration No. 29402, c/o Sentron Medical, Inc., 4445 Lake Forest Drive, Suite 600, Cincinnati, Ohio 45242, Telephone (513) 563-3282 as my attorney in the above-entitled application, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge are true and that all

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor's sign	nature_	William W. Chow	Date:	Nov. 5, 1997
Residence	Del M	ar, California		
Citizenship	<u>Unite</u>	d States		
Post Office Address		334 La Amatista Road		

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